Center for Community Mental Health Childrens Hospital Los Angeles

presented to LAC DMH providers July 15, 2008



Center for Community Mental Health Overview

- Mental Health Center's primary focus is upon delivery of behavioral health and mental health services
- Broad spectrum of underserved populations throughout community
- Decades-long relationship with the Los Angeles County Department of Mental Health

Why a Mental Health Services in a Pediatric Hospital?

- Over 50% of mortality from the 10 leading causes of death can be traced to behavior (Healthy People 2010, HRSA, 2001)
- 6 of the leading health indicators are behaviorally based: substance abuse, tobacco use, injury and violence, physical activity, obesity, sexual behavior

CHLA's Center Mental Health Service Mission

- MH Center serves infants, preschool children, school aged children, adolescents and their families.
- Primary support is contract LAC/DMH
- Current contract with LAC/DMH is approximately \$10 M.

CHLA's Center Mental Health Teaching Mission

- Mental Health Center currently provides funding support to Psychology and Social Work Internship/Fellowships with over 40 full-time and half-time trainees.
- The MH Center's Training programs have developed a national reputation.

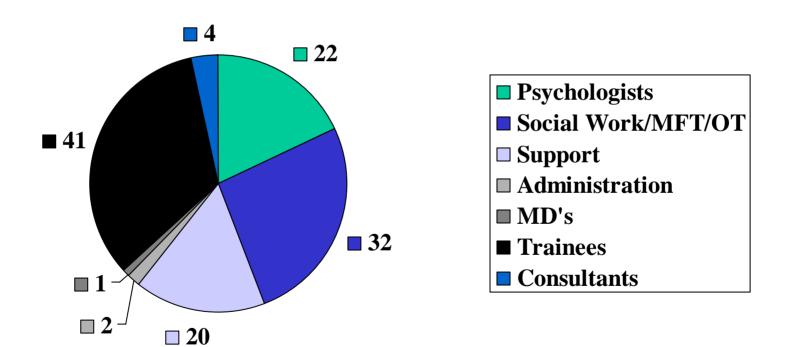
 Accredited Internship was amongst first in nation to receive HRSA GPE Funding.

Center for Community Mental Health Funding Overview

- Consistent with other CHLA clinical services, the great majority of patients served have Medi-Cal as primary health insurance.
- Since 1994/5, CHLA Mental Health Center expands service to Medi-Cal patients eligible under Federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
- CHLA Mental Health Center serves AB 3632, CalWORKs, Healthy Families, Foster Care Hub
- In 2007, CHLA competed successfully for MHSA/FSP grant.

Adolescent **Project Heal Project Heal** Foster Care Hub **Treatment Service Good Shepherd Treatment Service Abuse Risk** Center **Reduction Group** School-based **AltaMED GPS** Services Co-occurring Hem Onc Beh **Proiect Disorders Sciences** Adolescent Heal (Trauma) Medicine **Program Area Endocrinology Program Area** Karen Rogers, **MH Services for** S. Sherer, Ph.D. PhD. HIV+ Youth Spina Bifida Runaway and СМН **Homeless Youth** Management Team Pain Team/ B. Hudson, Psy.D. (Clinical Director) Anesthesiology R. Jacobs, M.D., MPH **Early Childhood Pediatric** K. Beck, MBA Early **Treatment Service Psychology** Childhood **Program Area Program Area Cranio Facial Team** M. Carson, Psy.D. N. Ezra, Ph.D. **Early Childhood** Assessment Clinic Allergy Immunology **MHSA FSP Child & Family** Interdisciplinary **Program Area** C.T./Pulmonary **Clinics** Dean Coffey, Medicine Psy.D. Alice Kibele, PhD, **Project ABC Cal Works Child and Family Parent Child School Age Clinic** Families Working **Treatment Service** Interactional Therapy Together

Total FTE's



Lessons Learned

Childrens Hospital Los Angeles



- * Existing Electronic Health Record
- Clean Up Data
- * Began testing with smaller provider
- Programmers worked closely with DMH to test our billings
- One year of testing

Implementation Process: Data Cleanup

- * Very few billings were EDI Billable
- * Worked off an EDI Checklist
 - Minimum requirements for EDI billings
- * Manually submit billings before EDI



- * No daily billing input
- Timing of clinician entries
- Concentration on quality of data
- More time for case openings and closings



- * Clearly define the roles of each user
- * Defining where records can be accessed
- * Hard Copy chart requirements
- **Electronic** signature

Reconciliation Process

- **IS** Reports
- **SIFT**
- **EDI Status**
- Financial Counselors

Challenges

- Group billings easier to submit but harder to work denials
- * Harder to void claims
- Clinicians need to monitor when they enter things
 - Diagnosis and case opening
- Track billings by batches
- Case Closing takes longer
- Matching data to Meds

Benefits

- Billings submitted weekly, no matter the volume
- Data entered in one location
- More time to focus on eligibility issues and denied claims
- Less staff needed
- Clinicians and staff can both view status of billings
- * Less input errors by administrative staff
- Mo conflict with IS being "slow"
- Less repetition of tasks
 - Eligibilities
- More accurate data easily accessible
- Clinicians driving billings

Advice

- Make your system accessible
- * Have safeguards in place
- Run reports regularly to compare data with IS
- Have built in ability to make changes to your system
- Easy access to help with your system
- * Have Clinician actively involved in development